



Holderness Recreation Department

Program Registration Sheet

For Office Use

Amount Paid: _____

Cash/Check#: _____

Participant Names

M/F

DOB

Grade

Program

Cost

Would you like to round up your fee to contribute to the scholarship fund? Amt. added _____

Total _____

Parent Guardian Names: _____

Physical Address: _____

Mailing Address: _____

Preferred Phone # _____, Work _____, Cell _____

to receive text messages _____

E-mail Address _____

Emergency Contact (other than yourself): _____ Phone: _____

Allergies/Medications/Medical Issues for participants: _____

Please make checks payable to: Holderness Recreation and mail to Holderness Recreation, PO Box 203, Holderness, NH 03245. The program fee must be paid in advance to guarantee your placement in a program. Programs without the set minimum number of participants are subject to cancellation. Any questions, please call Wendy Werner, Holderness Recreation Director, 968-3700 or E-mail: recreation@holderness-nh.gov.

Holderness Recreation Release Of All Claims

In consideration of the permission granted for the above named participant to take part in the above named recreation program, I hereby release for myself and my heirs, the Town of Holderness, its agents, employees, volunteers, and other program participants, from all actions, damages, claims, and negligence, which may result in personal injuries and/or damages.

I recognize there may be inherent dangers in participating in this recreation program, which may present strain on the body and its parts, and furthermore, I represent to the best of my knowledge, the participant is in proper physical condition to allow participation. I am aware that there may be transportation, by both bus and private vehicle, that may be necessary for implementation of the activities and / or medical treatment, and therefore give permission for myself and/or son/daughter to be transported as such, and I assume all risks associated with participation in this program.

I understand that, in case of an emergency, Holderness Recreation will attempt to contact the person identified as the "emergency contact". In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to be responsible for all costs associated with said treatment, including transportation to a medical facility.

I also understand that Holderness Recreation may take pictures of me or my child while enrolled in this program and that these pictures maybe used by Holderness Recreation for advertisement and promotions I give my permission for mine or my child's picture to be taken and photos to be used by Holderness Recreation. Promotions may include, flyers, Facebook, the Town Website etc.

I the undersigned, here read this release and understand all its terms and implications. I hereby execute this release of my own free will and with full knowledge of its significance.

Signature _____

Parent Guardian or Participant over 18 years

Date _____



scan to go to
recreation
webpage

Printed Name _____



Edited 1/23/2019

